

A/ Reissue

08/10/01  
1025 U.S. PTO

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PTO/SB/50 (02-01)  
09/925825  
08/10/01

# REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>	<b>Attorney Docket No.</b>	
	<b>First Named Inventor</b>	Clarence J. Link, Jr.
	<b>Original Patent Number</b>	5,975,162
	<b>Original Patent Issue Date (Month/Day/Year)</b>	11/02/1999
	<b>Express Mail Label No.</b>	

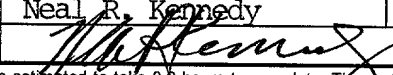
**APPLICATION FOR REISSUE OF:** ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**  
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/ 56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. Other: .....
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	.....
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	.....
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

## 18. CORRESPONDENCE ADDRESS

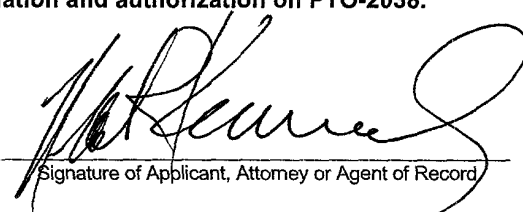
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<b>NAME</b> (Print/Type)	Neal R. Kennedy	<b>Registration No. (Attorney/Agent)</b>	31,383
<b>Signature</b>		<b>Date</b>	AUG. 7, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 47	Total Claims (37 CFR 1.16(j))	(B) 86	**** 39 =	x \$ 9 =	351	or	x \$ ____ =	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 8	* 5 =	x \$ 40 =	200		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ 355			\$ ____
Total Filing Fee					\$ 906	OR	\$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>500449</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>906</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>Aug 7, 2001</u></p> <p>Date</p> </div> <div style="width: 45%; text-align: center;">   <p>Signature of Applicant, Attorney or Agent of Record</p> <p><u>Neal R. Kennedy</u></p> <p>Typed or printed name</p> </div> </div>								

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Applicant: Clarence J. Link  
Original Patent Number: 5,975,162  
Original Patent Issue Date: November 2, 1999  
Title: LIQUID DELIVERY VEHICLE WITH REMOTE CONTROL  
SYSTEM

**STATUS OF CLAIMS AND SUPPORT FOR CLAIM CHANGES (37 C.F.R. § 1.173(C))**

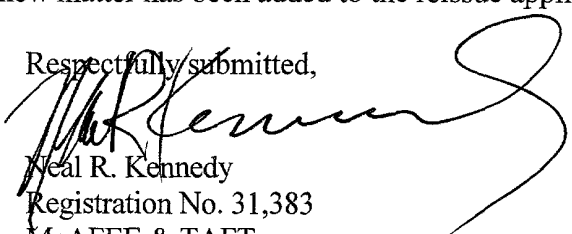
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SIR:

1. The status of the claims as a result of the amendment submitted herewith is:  
No claims have been cancelled.  
No claims have been amended.  
Claims 48-86 have been added.
2. The support in the disclosure of the patent for the changes made to the claims and for the claims added is as follows:

The claims in the original patent are unchanged. All of the limitations in the newly added claims are identified in, and thus fully supported by, the unchanged specification and/or illustrated in, and thus fully supported by, the unchanged drawings of the patent. No new matter has been added to the reissue application.

Respectfully submitted,

  
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